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	N046050	A. BUILDING: _____ B. WING _____	06/23/2016

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BICKFORD OF OVERLAND PARK	10665 BARKLEY OVERLAND PARK, KS 66212

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S 000	INITIAL COMMENTS The following citations represent the findings of a resurvey with complaint investigations 89467, 90054, 99239, 10163, and 101984 at the above named residential health care facility conducted on 6-20-16, 6-21-16, 6-22-16 and 6-23-16.	S 000		
S3028 SS=D	26-41-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the facility as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced	S3028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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S3028	Continued From page 1 by: KAR 26-41-101(f)(3) The facility reported a census of 67 residents. The sample included 7 (5 residents, 1 closed record review and 1 focus review). Based on record review and interview for 1 (#500) of 1 sampled resident, the administrator failed to ensure each allegation of abuse or neglect shall be reported to the department within 24 hours. Findings included: - Record review for resident #500 revealed admission to the assisted living on 1-15-16 with diagnoses Hypertension, Dementia, Atrial fibrillation and Hyperlipidemia. The Functional Capacity Screen dated 1-7-16 recorded resident required physical assistance with bathing,dressing, toileting, transfers; independent with walking/mobility and eating; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. Problems identified: Falls, impaired hearing and impaired decision-making. The Negotiated Service Agreement/Health Care Service Plan dated 4-6-16 recorded services for staff assistance with bathing dressing, toileting (before and after meals and at bedtime then 2-3-times during the night if awake), 1 person assist with transfers (once in wheelchair typically able to self-propel. occasionally may need assistance if tired. Will attempt or will transfer self, staff to remind to wait for assistance), medication administration. Requires verbal reminders and redirection for behaviors including	S3028		

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S3028	Continued From page 2 use of a home free device for exit seeking. Progress Notes stated: 2-12-16: "Assessed after leaving the building and falling on sidewalk outside. Resident presents at Valentine's Day party. Denies pain. Propels self in wheelchair. No signs of injury. (Physician) notified via email. A Home Free watch is being placed on resident for safety. Service Plan updated to identify exit seeking behavior and watch placement.." Signed by licensed staff F. 5-14-16 at 12:00 am: "Resident was observed on the floor next to bed. Resident unable to tell how he/she fell..." Signed by licensed staff G. Interview with administrative staff A on 6-21-16 at 12:10 pm confirmed the incident on 2-12-16 was an elopement as resident was not safe to be outside with no supervision due to his/her risk for falling and confusion; and the fall on 5-14-16 was unwitnessed with the resident not being able to state what had happened. Further confirmed both incidents were not reported to the department. For resident #500, the administrator failed to ensure all allegations of abuse or neglect were reported to the department within 24 hours.	S3028		
S3101 SS=E	26-41-202 (h) NSA Signatures (h) Each individual involved in the development of the negotiated service agreement shall sign the agreement. The administrator or operator shall ensure that a copy of the initial agreement and any subsequent revisions are provided to the resident or the resident's legal representative.	S3101		

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S3101	Continued From page 3 This REQUIREMENT is not met as evidenced by: KAR 26-41-202(h) The facility reported a census of 67 residents. The sample included 7 (5 residents, 1 closed record review and 1 focus review). Based on record review and interview for 2 (#501, #503) of 5 current residents sampled, the administrator failed to ensure each individual involved in the development of the negotiated service agreement signed the agreement. Findings included: - Record review for resident #501 revealed admission on 2-4-15 with diagnoses Hypothyroidism, Vertigo, Alzheimer's Disease, and Depression. The Functional Capacity Screen dated 3-6-16 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan dated 3-6-16 recorded services for staff assistance with bathing, dressing, toileting, transfers, mobility and eating. Facility staff to administer all medications. The NSA/HCSP lacked signatures for the resident's legal representative. Interview on 6-22-16 at 11:15 am with administrative nurse D confirmed the NSA lacked signatures for the resident and/or responsible party. - Record review for resident #503 revealed admission on 10-23-15 with diagnoses Syncope	S3101		

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S3101	Continued From page 4 and Collapse, Congestive Heart Failure, Chronic Kidney Disease, Hypertension, Chronic Atrial Fibrillation, Muscle Weakness, Difficulty Walking and Anemia. The Functional Capacity Screen dated 10-22-15 recorded resident required health care services. The Negotiated Service Agreement/Health Care Service Plan dated 3-1-16 recorded services for staff assistance with bathing, dressing, toileting, transfers, and mobility. Facility staff to administer all medications as ordered. The NSA/HCSP lacked signatures of the resident and/or legal representative. Interview on 6-21-16 at 3:40 pm with administrative nurse C confirmed the NSA lacked signatures for the resident and/or resident's legal representative. For residents #501, and #503, the administrator failed to ensure that each individual involved in the development of the Negotiated Service Agreement (NSA) signed the agreement.	S3101		
S3130 SS=D	26-41-203 (d) Special Care Services (d) Special care. Any administrator or operator of an assisted living facility or residential health care facility may choose to serve residents who do not exceed the facility ' s admission and retention criteria and who have special needs in a special care section of the facility or the entire facility, if the administrator or operator ensures that all of the following conditions are met: (1) Written policies and procedures are developed and are implemented for the operation	S3130		

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S3130	Continued From page 5 of the special care section or facility. (2) Admission and discharge criteria are in effect that identify the diagnosis, behavior, or specific clinical needs of the residents to be served. The medical diagnosis, medical care provider ' s progress notes, or both shall justify admission to the special care section or the facility. (3) A written order from a medical care provider is obtained for admission. (4) The functional capacity screening indicates that the resident would benefit from the services and programs offered by the special care section or facility. (5) Before the resident ' s admission to the special care section or facility, the resident or resident's legal representative is informed, in writing, of the available services and programs that are specific to the needs of the resident. (6) Direct care staff are present in the special care section or facility at all times. (7) Before assignment to the special care section or facility, each staff member is provided with a training program related to specific needs of the residents to be served, and evidence of completion of the training is maintained in the employee's personnel records. (8) Living, dining, activity, and recreational areas are provided within the special care section, except when residents are able to access living, dining, activity, and recreational areas in another section of the facility. (9) The control of exits in the special care section is the least restrictive possible for the residents in that section. This REQUIREMENT is not met as evidenced by:	S3130		

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S3130	Continued From page 6 KAR 26-41-203(d)(3) The facility reported a census of 67 residents with 7 residents selected for sample (5 current residents, 1 closed record review and 1 focus review resident). Based on record review and interview for 1 (#500) of 1 residents sampled who moved from assisted living to the special care unit, the administrator failed to ensure a written order from a medical care provider was obtained for admission. Findings included: - Record review for resident #500 revealed admission to the assisted living on 1-15-16 with diagnoses Hypertension, Dementia, Atrial fibrillation and Hyperlipidemia. The Functional Capacity Screen dated 1-7-16 recorded resident required physical assistance with bathing,dressing, toileting, transfers; independent with walking/mobility and eating; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with short term memory, memory/recall and decision-making. The Negotiated Service Agreement dated 4-6-16 recorded services for staff assistance with bathing, dressing, toileting, medication administration. Verbal reminders and redirection for behaviors including use of a home free device for exit seeking. The record lacked documentation of a physician's order to admit to the special care unit and also lacked documentation of date and time when resident actually moved from assisted living to the special care unit.	S3130		

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S3130	Continued From page 7 Interview with administrative staff A and administrative nurse D on 6-21-16 at 12:10 pm stated resident was moved to special care unit on 3-9-16 and confirmed the record lacked documentation of a physician's order to admit resident to the unit. For resident #500, the administrator failed to ensure a written order from a medical care provider was obtained for admission to the special care section of the facility.	S3130		
S3155 SS=D	26-41-204 (a) Health Care Services . (a) The administrator or operator in each assisted living facility or residential health care facility shall ensure that a licensed nurse provides or coordinates the provision of necessary health care services that meet the needs of each resident and are in accordance with the functional capacity screening and the negotiated service agreement. This REQUIREMENT is not met as evidenced by: KAR 26-41-204(a) The facility reported a census of 67 residents. The sample included 7 (5 residents, 1 closed record review and 1 focus review). Based on record review and interview for 1 (#500) of 5 sampled residents, the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of each resident and were in accordance with the functional capacity	S3155		

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S3155	Continued From page 8	S3155		

screenings and the negotiated service agreements when the nurse failed to implement effective interventions to address the residents risk for falling.

Findings included:

- Record review for resident #500 revealed admission to the assisted living on 1-15-16 with diagnoses Hypertension, Dementia, Atrial fibrillation and Hyperlipidemia.

The Functional Capacity Screen dated 1-7-16 recorded resident required physical assistance with bathing,dressing, toileting, transfers; independent with walking/mobility and eating; and unable to perform management of medications and treatments. Usually continent of bladder. Cognition: problems with short term memory, memory/recall and decision-making.

The Negotiated Service Agreement/Health Care Service Plan dated 4-6-16 recorded services for staff assistance with bathing dressing, toileting (before and after meals and at bedtime then 2-3-times during the night if awake), 1 person assist with transfers, medication administration. Verbal reminders and redirection for behaviors including use of a home free device for exit seeking. The negotiated service agreement lacked documentation of interventions to address residents fall risk.

Review of "Progress Notes" revealed resident experienced 37 falls between 1-23-16 to 6-16-16. Of these 37 falls, the resident experienced injuries which included skin tears to his/her left forearm and left elbow, a hematoma to the back of the head with swelling and tenderness, skin tears to the right upper arm, bruising, abrasion to

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S3155	Continued From page 9	S3155		

the back, abrasion to the left knee, laceration above the left eyebrow, an abrasion to the right side of his/her head, another abrasion to the upper back, and bruising of the left buttock. Between 5-14-16 and 5-15-16, the resident experienced 3 falls within 24 hours resulting in severe right shoulder pain, and a lacerated and fractured thumb which required sutures and a fiberglass splint/cast. These falls further resulted in multiple abrasions on the resident's arms and back.

On 6-16-16 resident admitted to hospital with diagnoses Pneumonia, Urinary Tract Infection and Atrial Fibrillation.

Interview on 6-21-16 at 12:10 pm with administrative nurse C, confirmed the NSA/HCSP lacked interventions to address the resident's fall risk. Stated he/she did not know resident had fallen and fractured thumb or been sent to the emergency room and returned with a fiberglass splint/cast and had not performed a root cause analysis to determine what could be causing some of the falls in order to properly address the cause. Stated resident "had a pendant" but confirmed he/she was not cognitively able to consistently utilize the pendant to call for staff assistance prior to standing up or when needing to go to the bathroom. Stated they tried to also keep resident busy with activities and placed resident on a toileting schedule but confirmed he/she had not evaluated the schedule to see if it was effective or required adjustments. Stated resident had been placed on hourly checks by licensed staff F but confirmed this intervention was not added to the health care service plan. Stated it would have been written in a "communication book" which staff are supposed to read when they come to work. Confirmed

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S3155	Continued From page 10 he/she had not followed up with staff. For resident #500, the administrator failed to ensure a licensed nurse provided or coordinated the provision of necessary health care services that met the needs of the resident and were in accordance with the functional capacity screenings and the negotiated service agreements when the nurse failed to implement effective interventions to address the residents risk for falling. The resident experienced 37 falls from 1-23-16 to 6-16-16.	S3155		
S3280 SS=F	26-41-104 (d) Disaster and Emergency Preparedness (d) Each administrator or operator shall ensure disaster and emergency preparedness by ensuring the performance of the following: (1) Orientation of new employees at the time of employment to the facility ' s emergency management plan; (2) education of each resident upon admission to the facility regarding emergency procedures; (3) quarterly review of the facility ' s emergency management plan with employees and residents; and (4) an emergency drill, which shall be conducted at least annually with staff and residents. This drill shall include evacuation of the residents to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-41-104(d)(3)	S3280		

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S3280	Continued From page 11 The facility reported a census of 67 residents. The sample included 7 (5 residents, 1 closed record review and 1 focus review). Based on record review and interview for all residents and all facility employees, the administrator failed to ensure disaster and emergency preparedness by ensuring performance of quarterly review of the facility's emergency management plan with employees and residents. Findings included: - Review of the facility's emergency management plan revealed one in-service with staff conducted on 2-23-16 and no reviews with residents. The plan lacked documentation of quarterly review with residents and employees. Interview on 6-21-16 at 10:40 am with Administrative staff #A stated was unable to locate any documentation for quarterly review of emergency management plan with residents or any further reviews with staff other than the one on 2-23-16. For all residents and employees, the administrator failed to ensure emergency preparedness by ensuring the emergency management plan reviewed quarterly with residents and employees.	S3280		
S3298 SS=E	26-41-206 (d) Food Preparation (d) Food preparation. Food shall be prepared using safe methods that conserve the nutritive value, flavor, and appearance and shall be served at the proper temperature. (1) Food used by facility staff to serve to the residents, including donated food, shall meet all	S3298		

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S3298	Continued From page 12 applicable federal, state, and local laws and regulations. (2) Food in cans that have significant defects, including swelling, leakage, punctures, holes, fractures, pitted rust, or denting severe enough to prevent normal stacking or opening with a manual, wheel-type can opener, shall not be used. (3) Food provided by a resident ' s family or friends for individual residents shall not be required to meet federal, state, and local laws and regulations. This REQUIREMENT is not met as evidenced by: KAR 26-41-206(d) The facility reported a census of 67 residents. The sample included 7 (5 residents, 1 closed record review and 1 focus review). Based on record review and interview for all residents, the administrator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature. Findings included: - Record review on 6-20-16 at 11:45 am of Food Temperature Logs for May 2016 and June 2016 revealed the log lacked documentation of temperatures for the following dates: 5-10, 5-17, 5-18, 5-26, 5-27, 5-28, 6-1, 6-2, 6-3, 6-4, 6-9, 6-10, 6-11, 6-12, 6-13, 6-14, 6-15, 6-16, 6-17, 6-18, and 6-19. Interview on 6-20-16 at 11:45 am with dietary staff H confirmed he/she did not check and record	S3298		

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S3298	Continued From page 13 temperatures on the above dates. - Observation on 6-20-16 at 12:23 pm of staff on special care unit revealed staff serving residents lunch from a built-in steam table. No observation of staff taking food temperatures prior to serving from the steam table. Interview on 6-20-16 at 12:23 pm with certified staff J stated there were no food temperature logs for the unit as they did not check the food temperatures prior to serving. For all residents, the administrator failed to ensure food shall be prepared using safe methods that conserve the nutritive value, flavor and appearance and shall be served at the proper temperature when staff failed to take food temperatures in the main kitchen on multiple dates and failed to have procedures for taking food temperatures on the special care unit before the food was served.	S3298		
S3310 SS=E	26-41-207 (b) (5-6) (c) Infection Control Policies (b) (5) prohibiting any employee with a communicable disease or any infected skin lesions from coming in direct contact with any resident, any resident ' s food, or resident care equipment until the condition is no longer infectious; (6) providing orientation to new employees and employee in-service education at least annually on the control of infections in a health care setting; and (c) Each administrator or operator shall ensure the facility ' s compliance with the department ' s tuberculosis guidelines for adult care homes adopted by reference in K.A.R. 26-39-105	S3310		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S3310	Continued From page 14	S3310		

This REQUIREMENT is not met as evidenced by:
KAR 26-41-207(c)

The facility reported a census of 67 residents. The sample included 7 (5 residents, 1 closed record review and 1 focus review). Based on record review and interview, for 3 (administrative nurse D, licensed staff K and certified staff J) of 5 employee records reviewed and 4 (#500, #502, #503, #504) of 5 current residents sampled, the administrator failed to ensure the facility's compliance with the department's tuberculosis (TB) guidelines.

Findings included:

- Review on 6-21-16 at 5:15 pm of employee records revealed:
Administrative nurse D: date of hire 2-24-16. The record contained documentation of a TB skin test on 9-14-15. The record lacked documentation of a TB skin test second step.
Licensed staff K: date of hire 1-26-16. The record contained documentation of a TB skin test on 11-15-15. The record lacked documentation of a TB skin test second step.
Certified staff J: date of hire 1-26-16. The record lacked documentation of TB skin testing.

Interview on 6-21-16 at 5:15 pm with administrative staff A confirmed the employee records lacked documentation of TB testing in accordance with the department's guidelines.

- Record review for resident #500 revealed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	N046050	A. BUILDING: _____ B. WING _____	06/23/2016

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S3310	Continued From page 15 admission on 1-15-16. The record lacked evidence of TB testing or screening as required by the department's guidelines. Interview on 6-22-16 at 11:13 am with administrative nurse D confirmed the record lacked documentation of TB testing or screening. - Record review for resident #502 revealed admission on 8-17-15. The record lacked evidence of TB testing or screening in accordance with the department's guidelines. Interview on 6-22-16 at 11:10 am with administrative nurse D confirmed the record lacked documentation of TB testing. Provided a questionnaire dated 7-11-14. - Record review for resident #503 revealed admission on 10-23-15. The record lacked evidence of TB testing or screening in accordance with the department's guidelines. Interview on 6-22-16 at 11:06 am with administrative nurse C confirmed the record lacked documentation of TB testing or screening. - Record review for resident #504 revealed admission on 7-21-15. The record lacked evidence of TB testing or screening in accordance with the department's guidelines. Interview on 6-22-16 at 11:09 am with administrative nurse C confirmed the record lacked documentation of TB testing. For 3 (administrative nurse D, licensed staff K and certified staff J) of 5 employee records reviewed and 4 (#500, #502, #503, #504) of 5 current residents sampled, the administrator failed to ensure the facility's compliance with the department's tuberculosis guidelines .	S3310		